

HEALTH PLAN AND ENROLLMENT STATUS	FULL TIME EMPLOYEES			PART TIME EMPLOYEES	
	MONTHLY RATE	MONTHLY COUNTY COST	EMPLOYEE BIWEEKLY DEDUCTION	MONTHLY COUNTY COST	EMPLOYEE BIWEEKLY DEDUCTION
PREMIER WELLWISE*					
EMPLOYEE ONLY	\$680.51	\$667.32	\$15.70	\$350.67	\$161.85
EMPLOYEE / 1 DEPENDENT	\$1,197.69	\$935.77	\$138.20	\$463.20	\$356.30
EMPLOYEE W/TWO OR MORE DEPENDENTS	\$1,687.66	\$1,311.58	\$194.73	\$650.06	\$500.05
PREMIER SHAREWELL**					
EMPLOYEE ONLY	\$214.98	\$278.69	(\$31.86)	\$214.98	\$0.00
EMPLOYEE / 1 DEPENDENT	\$353.08	\$407.23	(\$27.07)	\$152.71	\$92.48
EMPLOYEE W/TWO OR MORE DEPENDENTS	\$455.95	\$501.97	(\$23.01)	\$188.24	\$123.56
KAISER					
EMPLOYEE ONLY	\$262.31	\$249.19	\$6.05	\$124.60	\$63.56
EMPLOYEE / 1 DEPENDENT	\$524.62	\$393.47	\$60.53	\$147.55	\$174.03
EMPLOYEE W/TWO OR MORE DEPENDENTS	\$742.34	\$556.76	\$85.65	\$208.78	\$246.26
CIGNA PRIVATE PRACTICE					
EMPLOYEE ONLY	\$316.51	\$300.68	\$7.30	\$150.34	\$76.69
EMPLOYEE / 1 DEPENDENT	\$625.58	\$469.19	\$72.18	\$175.94	\$207.52
EMPLOYEE W/TWO OR MORE DEPENDENTS	\$870.43	\$652.82	\$100.43	\$244.81	\$288.75
* County cost includes Wellwise incentive ** County cost includes Sharewell credits (bi-weekly pay credits instead of deductions)					
(Effective every pay period beginning with pay period 01'05, January 14, 2005)					